



Nutrition and WIC Update

Breastpump Programs—More Work But So Worth It

Mary Ann Parkin, WIC Coordinator, Franklin County

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In 2010 we began providing multi-user and single-user electric breast pumps in the Franklin County WIC Program. In the beginning I had some misgivings about taking this on. I knew it would involve extra time spent cleaning and maintaining the pumps, along with more time spent instructing and counseling the client. We also have very limited storage space in our office.

In August of 2010 we decided to jump in and do it and ordered our first two multi-user breast pumps. In November 2010 we ordered two more multi-user pumps and in April 2011 we ordered another two pumps. We now have a total of six multi-user breast pumps and have given out 21 single-user pumps!

Last year we had a mom whose baby was born very premature and very small. Through WIC she borrowed a multi-user electric pump and then we later gave her a single-user electric pump. Her baby is almost a year old now and every time I see her she thanks me for the pump. She would not have been able to buy one herself and she strongly believes being able to provide her baby with breastmilk made a huge difference in her infant's health.

Whenever I hear a success story like that, it makes me really glad that we decided to offer multi-user and single-user electric breast pumps to our clients. It has been well worth the extra time and effort!



Clients Want Recipes (And You Want Interactive Centers)

Patrice Thomsen, MS, RD, LD

The Wisconsin Nutrition Education Program (WNEP) has developed four displays that are now available through the UW-Extension, The Learning Store, <http://learningstore.uwex.edu/Healthy-Homemade-Program-P1442.aspx> (English) and <http://learningstore.uwex.edu/Healthy-Homemade-Program-Spanish-P1462.aspx> (Spanish). The displays were developed by WNEP in partnership with Iowa State University Extension and are based on their Healthy & Homemade 2012 calendars. There is **no charge** to download the displays and supporting materials.

At The Learning Store site, you will find the display pieces, single recipe handouts and an educator's guide. The educator's guide gives: directions for printing and setting up the displays; links to suggested handouts; and tips for using the displays with WIC.

These displays feature select messages for consumers from the 2010 Dietary Guidelines: *Compare sodium in foods like soup, bread, and frozen meals – and choose the food with lower numbers; Enjoy your food but eat less; Make at least half of your grains whole grains; Make half your plate fruits and vegetables; Eat seafood in place of meat or poultry twice a week.*

These materials seem to be excellent resources for interactive nutrition education centers in your WIC clinic. Here are reminders for Kansas WIC staff:

- Be sure to download and use the Educator's Guide.
- Use the links from the Educator's Guide to download the appropriate handouts from the 2010 Dietary Guidelines.
- Of course, it will be better if you have access to a color printer. If not, consider what you might do to make the black and white images more interesting.
- Given the small size of the display pieces, I suggest cutting apart the display pages into appropriate sections. If possible, mount on colored paper and laminate. Then you can arrange the pieces in a more appealing way instead of just three pieces of typing paper. Still follow the suggestions in the Educator's Guide for organizing the display.
- Your RD will need to make a lesson plan that meets the requirements of policy NED 03.03.01 Nutrition Education Lesson Plans. http://www.kansaswic.org/manual/NED_03_03_01_Nutrition_Education_Lesson_Plans.pdf



Kudos to the WNEP staff and Specialists/EFNEP/SNAP-Ed Coordinators from Iowa State University Extension, University of Missouri-Extension and New Mexico State University Extension who reviewed and provided input into the development of the displays.

Congratulations IBCLC's !!!!!!!!!!!!!!!

Martha Hagen, MS, RD, LD, IBCLC

The International Board Certified Lactation Consultant (IBCLC) credential identifies a knowledgeable and experienced member of the maternal-child health team who has specialized skills in breastfeeding management and care. The IBCLC certification program offers the only credential in lactation consulting and is available globally.

IBCLCs have passed a rigorous examination offered one time per year that demonstrates the ability to provide competent, comprehensive lactation and breastfeeding care. Attainment of the IBCLC credential signifies that the practitioner has demonstrated competence to:

- work together with mothers to prevent and solve breastfeeding problems
- collaborate with other members of the health care team to provide comprehensive care that supports, protects and promotes breastfeeding
- encourage a social environment that supports breastfeeding families
- educate families, health professionals and policy makers about the far-reaching and long-lasting value of breastfeeding as a global public health imperative.

The Kansas WIC Program supports state and local WIC staff in becoming IBCLC's and wishes to congratulate the following staff on obtaining this status:

Alice Jantzen – Harvey County
Amy Gerend– Johnson County
Bevin Neeley – Lyon County
Doris Mitchell – Harvey County
Holly Corman – Pawnee County
Robin Rziha – Pawnee County
Stephanie Henry – Neosho County.

More information about SA support for becoming an IBCLC can be found at: http://www.kansaswic.org/manual/forms/Financial_Support_for_IBCLC_form.pdf



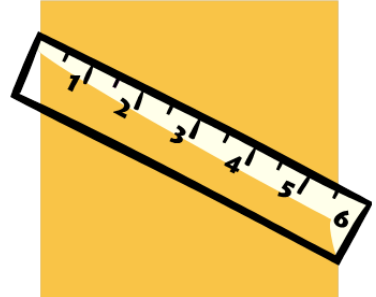
How Does Your Clinic Measure Up?

Sandi Fry, Vendor Manager

Here is a common observation from Management Evaluations. Read it and see how your clinic measures up.

Providing referrals

Observation: When completing certifications, there are four mandatory referrals that must be completed at a minimum. While some clinic staff do a spectacular job of referring clients to services, others perform more of an assessment than an actual referral to a service. This issue has been observed by all Management Teams in clinics across the state. WIC clients are asked ‘Do you get cash assistance?’ or ‘Do you get Food Stamps?’ and after receiving a response of either yes or no, the WIC staff member then marks Referred on the Referrals section in KWIC.



| Current Referrals to Client | | Not | | | | Note |
|-----------------------------|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|------|
| Date | Service | Has Referred | Applied | Applicable | | |
| 01/09/2012 | TAF | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 01/09/2012 | Food Stamps | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 01/09/2012 | Medicaid | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 01/09/2012 | Child Support Enforcement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

Correct Procedure: When clinic staff begin the referral section of the certification, conducting an assessment on which program(s) the client participates in is a great start. But the process doesn't stop there. If the client is not currently participating in the program, staff must provide a referral to the program and click in the Referred column on that program. Providing a referral to a client means you are providing a resource or information of how to obtain a particular service. If the client is already participating in the program, clinic staff would click the button in the Has column for that program.

Question: What do I say if the client says they've applied but didn't qualify for the service?

Answer: You could say “Well, if your situation changes, we are an SRS AccessPoint, so you can come here to apply again.” Then mark “Referred” in KWIC for whatever program you were discussing.



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How Does Your Clinic Measure Up?, continued

Question: Can I cover more than one program in my referral?

Answer: Yes, you can. If you want to assess the client status all at once, asking all the closed-ended questions first is ok. It might sound like this:

Staff: Do you get cash assistance?

Caregiver: No, I applied but I make too much.

Staff: Food Stamps?

Caregiver: No

Staff: Medical Card?

Caregiver: Yes, I have a medical card.

Staff: Child Support Enforcement?

Caregiver: No, I live with my husband.

Staff: Ok, so you have a medical card and nothing else, right?

Caregiver: Yep, that's right.

Staff: OK, just so you know, the health department here is a SRS AccessPoint, so if you want to try to apply again, you would come back here to do it, ok? I also circled the information on the resource list for you.

Caregiver: Ok, thanks.

Then you would mark "Referred" for TAF and Food Stamps, "Has" for Medical Card and mark "Not Applicable" for Child Support Enforcement.

**Question: Where can I find out more about Child Support Enforcement (CSE) and where do I refer clients to apply?**

Answer: The link below will take you to the Child Support Enforcement webpage. There is a handbook that details services that CSE provides. This program is included in the On-line SRS application, as well.

<http://www.srs.ks.gov/services/Pages/CSE.aspx>

Question: What if I know they make too much money to qualify for any of the programs?

Answer: You must provide a referral because no one knows when their situation might change. We would rather they have the information on where to apply for the program when they need it than not have it.

For more information about making referrals, please refer to the online Policy and Procedure CRT 08.02.00 Medical and Social Service Referrals or click the link below.

http://www.kansaswic.org/manual/CRT_08_02_00_Medical_and_Social_Service_Referrals.pdf

For more information about what SRS programs are available and how clients can get them, click the link below.

<http://www.srs.ks.gov/Pages/Default.aspx>

Trends in Improving Hospital Maternity Care

Brenda Bandy, President of Kansas Breastfeeding Coalition, Inc

Breastfeeding is a baby's first language where the baby communicates not only what he needs but who he is. In turn, through nursing, a mother communicates love and trust. In the first 24 hours it's a total immersion program for learning this new language! For 99% of mothers and babies, their first efforts at this new form of communication are in a hospital. As mother and baby attempt to learn this new language, hospital staff and policies have a tremendous impact on this new relationship. Some mothers and babies need skilled "translators". Most simply need a supportive atmosphere to begin this very special and important "conversation".

Unfortunately, maternity care practices in hospitals are often a barrier to breastfeeding, with common practices interfering with the natural process of mother-baby interactions immediately after birth. Nationally, hospitals scored on average 63 out of 100 on the Maternity Practices in Infant Nutrition and Care (mPINC) survey conducted annually by the [Centers for Disease Control and Prevention \(CDC\)](#).



There is a growing trend in the US to help hospitals improve their care for mothers and babies through greater breastfeeding support. The US Surgeon General's *Call to Action to Support Breastfeeding* identified maternity care as an important intervention to support breastfeeding in Action 7, "Ensure that maternity care practices throughout the United States are fully supportive of breastfeeding." Many of La Leche League's core philosophies, such as breastfeeding "early and often", are echoed in the [Ten Steps to Successful Breastfeeding](#) established by the World Health Organization (WHO) and UNICEF as global criteria to improve breastfeeding rates.

The nation is heeding the call to support breastfeeding in hospitals and birthing centers. Here is the evidence:

The national goals for *Healthy People 2020* aim to "Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies" from the current 4.53% to 8.1% by 2020, thereby increasing the number of Baby-Friendly facilities well above the current 121.

The CDC has awarded nearly \$6 million over three years to the [National Initiative for Children's Healthcare Quality](#) (NICHQ) to improve hospital practices that support breastfeeding and help them move toward Baby-Friendly status.

By Jan. 1, 2013, all of Kaiser Permanente's 29 hospitals that offer maternal and child health services will be designated as [Baby-Friendly](#), and/or participate in the [Joint Commission's Perinatal Core Measures](#) program, which requires participating hospitals to report their rates of exclusive breastfeeding at discharge.

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Trends in Improving Hospital Maternity Care, continued

In efforts to recognize hospitals that are taking steps to improve their maternity support, more than seventeen states give awards or designations to facilities that implement some of the Ten Steps for Successful Breastfeeding. Many other states are in the process of developing such programs, administered by either their state health department or state breastfeeding coalition.

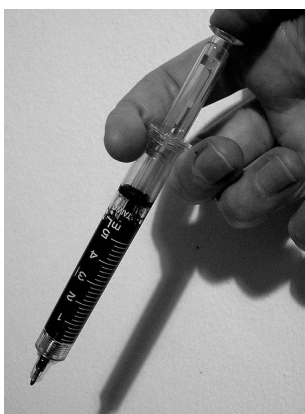
To increase consumer demand for improved breastfeeding support in the hospital, The Joint Commission, which accredits a large number of birthing hospitals, launched a Speak Up™ educational campaign. The campaign, "[What You Need to Know About Breastfeeding](#)," helps support and prepare mothers to successfully breastfeed. The CDC's August issue of Vital Signs: "[Hospital Support for Breastfeeding](#)" offered suggestions for what government, hospitals, health care professionals and families can do to improve breastfeeding support in hospitals.

It appears the national spotlight is firmly on hospitals' maternity care practices. This trend of support, education and encouragement means more mothers and babies will be able to learn the "language" of nursing in a supportive atmosphere with skilled "translators". This is another example of why it's an exciting time for breastfeeding families in the US.

WIC Immunization Screening and Referral Requirements

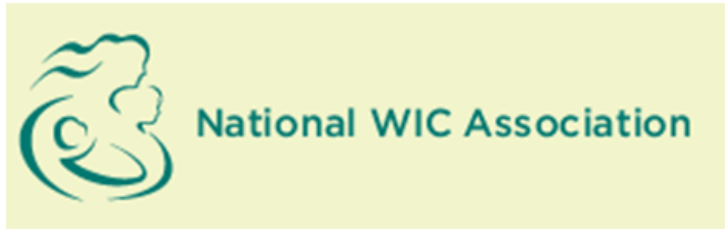
Sandy Perkins, MS, RD, LD

The immunization status for all infants and children served by WIC should be screened at each certification and mid-certification appointment and appropriate referrals made and documented in KWIC. (see Policy CRT 08.01.00, http://www.kansaswic.org/manual/CRT_08_01_00_Immunizations.pdf) The policy states to document the results of the screening on the KWIC Immunization window by selecting Current for Age; Behind for Age or Record not Available. The policy then defines each choice as if all immunizations are due on a certain date. A question has come up about which choice to select when a child is in the age range of getting shots, such as a 4 year old, and the recommendation is to get certain shots between 4-6 years old. While the argument that "Current for Age" should be selected since they're not overdue and are currently in the AGE RANGE, and would not be overdue until they were over 6 years old, this choice is incorrect. The appropriate choice would be "Behind for Age" since the child is eligible for the immunization and doesn't have it, therefore is behind.



Report From Your National WIC Association Representative

Nancy Sanchez, RD, LD, WIC Coordinator, Wyandotte County



This is my first National WIC Association (NWA) update as your elected National WIC Association Local Agency Representative for our great state of Kansas to be included in our newsletter. I also have been elected to represent our USDA Mountain Plains Region. So, not only am I representing Kansas, but also nine additional states and nine Indian Tribal Organizations throughout our region. The Winter NWA Board meeting was held in mid-January and so I am reporting on the activities from that.

The January meeting is when the Business Council Partners attend. Those in attendance were: Source Technology, Kellogg's, Malt-O-Meal, Save-A-Lot, Medela, Hemocue and Morgan Stanley.

- We voted on a statement addressing what we expected from a business partner and how formula companies fit. It was determined that formula companies do not meet our vision/mission statement so are not eligible to be Business Council Partners. They would be allowed to exhibit and sponsor educational trainings as long as there is no product promotion.
- The Partners in attendance were sensitive to our funding situation and offered to help us with scholarships, pricing assistance, funding for pilot projects and other possibilities.

The Local Agency Section:

- Working on streamlining the VOC process. A survey was done at the end of last year with 486 responses. 32 were from KS!! Thank you for your input. We were one of the more responsive states! Out of the 486 responses, 85% were from local agencies.
- There were 116 written comments ranging from phone issues, clinic availability (suggested for national directory), state policies, especially pertaining to medical release form, time involved in transferring. Hospitals that have local agencies feel it is a HIPAA violation without the release form.
- The plan is to come up with solutions to be presented at the National WIC conference in May.

If you'd like to learn more about the National WIC Association, check their website at: <http://www.nwica.org/>. The 2012 National WIC Association Annual Education and Networking Conference & Exhibits will be held in Denver during the week of May 20–23, 2012. This conference provides the opportunity to attend informative sessions on all different aspects of WIC and meet fellow WIC staff members from all over the country.

Educational Resources on Budgeting and Shopping for Adults and Children

The following is a list compiled by Mary Meck Higgins, Ph.D., R.D., L.D.; Associate Professor and K-State Research & Extension Human Nutrition Specialist; 202 Justin Hall -- HN, Kansas State University, Manhattan KS 66506; Ph: 785-532-1671; e-mail: mhiggins@ksu.edu , dated 3/25/2011.

Remember that if these are used for WIC nutrition education lessons, that they will need to be modified to meet all of our lesson plan requirements and approved by your WIC RD. For more information on our lesson plans requirements, see: http://www.kansaswic.org/manual/NED_03_03_01_Nutrition_Education_Lesson_Plans.pdf

Food budgeting and grocery shopping lesson plans and other online resources

Lesson 1, Hill of Beans, is a good budgeting lesson for children:
<http://njaes.rutgers.edu/pubs/publication.asp?pid=E320>

other info for children and money:

<http://www.themint.org/parents/when-kids-leave-the-nest.html>

<http://www.themint.org/parents/grocery-store-as-classroom.html>

<http://www.themint.org/parents/the-grocery-store-challenge.html>



grocery shopping and cooking on a budget – compilation of hints, at <http://www.ksre.ksu.edu/humannutrition/DesktopDefault.aspx?tabid=91>

great lesson plan outline for teaching about grocery shopping and meal planning (that can be used to inspire your own ideas), at
http://kidsnstuff.org/grocery_store_curriculum.html

one lesson plan on budgeting for food, part of a larger manual, at
<http://www.caseylifeskills.org/pages/res/PAYA/Module1/Module%201%20Complete.pdf>

the next one has a section in the daily living skills regarding plans for teaching youth about cooking, meal planning, grocery shopping; two files
<http://www.caseylifeskills.org/pages/res/rsf%5CRSF.pdf>

<http://www.caseylifeskills.org/pages/lp/LSG%20Version%2012-28-04.pdf>

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Educational Resources on Budgeting and Shopping for Adults and Children, continued

cooking on a budget lesson plan, at

<http://www.uen.org/Lessonplan/preview.cgi?LPid=4623>

a lesson plan where students are given a description of certain families to plan menus and grocery shop for, at

http://www.educationworld.com/a_tsl/archives/03-1/lesson020.shtml

a lesson plan on grocery shopping within a budget

<http://whymoneymatters.org/educators/resources/lessons/spending-plans-grocery-shopping>

a lesson on food dollars, one of a larger curriculum on basic foods and nutrition, developed at K-State by Sandy Procter

<http://www.ksre.ksu.edu/library/fntr2/S134B.pdf>

a list of handouts and a free online curriculum, designed for immigrants using English as a second language, that has one chapter teaching hints to be a smart shopper

[http://snap.nal.usda.gov/nal_display/index.php?](http://snap.nal.usda.gov/nal_display/index.php?in-)

[fo_center=15&num_to_skip=15&tax_level=4&tax_subject=261&want_id=0&target=0&topic_id=1243&level3_id=6213&level4_id=10046&level5_id=0](http://snap.nal.usda.gov/nal_display/index.php?in-fo_center=15&num_to_skip=15&tax_level=4&tax_subject=261&want_id=0&target=0&topic_id=1243&level3_id=6213&level4_id=10046&level5_id=0)

money for food curriculum designed for adults, free online

<http://www.uwex.edu/ces/wnep/teach/mff/index.cfm>

a grocery shopping lesson in the curriculum, eat healthy, free online

<http://www.caseylifeskills.org/pages/res/MICROLIFE/eathealthy.pdf>

grocery shopping lesson plan, designed for parents as part of a larger series of nutrition lessons

http://www.ode.state.or.us/services/nutrition/cacfp/tn/lesson_plans.aspx



Update on wichealth.org

Julie Ornelas, RD, LD, CBE



In September 2011 Kansas became the 17th state to offer wichealth.org to its WIC clients. Kansas got off to a good start with a webinar offered to all LA's on September 27, 2011. This webinar was

recorded and is posted on our Kansas WIC website under the Local Agencies Training tab, or use the following link: http://www.kansaswic.org/local_agencies/training.html

Although not all Kansas LA's have implemented wichealth.org, the number of lessons completed by clients continues to increase. Approximately one month after implementation, as of 10/31/11 Kansas clients had completed 88 wichealth lessons. Since that time, as of 12/31/11 Kansas clients had completed 341 lessons!

If your agency has not implemented this exciting option for low risk nutrition education, and are interested in doing so, please review the webinar and Questions and Answers document posted under the Local Agencies Training tab, or use the following link: [http://www.kansaswic.org/download/Q & A for LAs regarding wichealth implementation.pdf](http://www.kansaswic.org/download/Q%20%26%20A%20for%20LAs%20regarding%20wichealth%20implementation.pdf)

Little Things—Big Difference

Sandy Perkins, MS, RD, LD

The 2011 Breastfeeding and Promotion objective for Jefferson County was to have 80% of all pregnant clients meet one-on-one with the RD at least one time prior to delivering and at least once after the baby was born to a breastfeeding mom. So what was the outcome? The breastfeeding initiation rate went up close to 10% for infants who turned 7 months old from June 2010 through December 2010 compared to infants in the same time period in 2011. Congratulations!

2012 Calendar Ideas to Promote Breastfeeding and Health

A great promotional idea to use in your clinic is to have a monthly promotional theme. For example, February is American Heart Month. So, you could use heart images and post bulleted points such as:

- Breastfeeding creates a heartfelt bond between baby and mother
- Eating healthy can reduce your risk for heart disease
- Walk and play with your children to show your love

March is National Nutrition Month, so let's see those creative ideas! These might include:

- Breastmilk is the nutrition only you can give your baby
- Eat a rainbow of colors, ask your child to pick out a colorful vegetable or fruit to try

For monthly theme ideas, see the 2012 Observances Calendar at:

http://www.breastfeedla.org/images/stories/PDFs/Calendar_of_holiday_observances.pdf

Local Agency News

We welcome these new WIC employees:

Butler County, Chriss Davidson, RN
 Geary County, Jenifer Meyers, RN
 Harper County, Jennilee Wedman, RN
 Jackson County, Joann Brees, Clerk
 Jackson County, Krista Dierking, RN
 Johnson County, Ingrid Bat-Gross, Clerk
 Leavenworth County, Jennifer Tripe, RD
 Meade County, Dawn Ross, RN

Mitchell County, Sondra Hone, RN
 Sedgwick County, Michelle Hansen, Clerk
 Sedgwick County, Elissa Malthaner, RD
 Sedgwick County, Karen Unrein, Clerk
 Shawnee County, Mayra Bustos, Clerk
 Sherman County, Donna Terry, Administrator
 Stevens County, Marie Gonzalez, Clerk

Congratulations to:

Martha Olivarez, RN, Ford County, on her retirement
 Jenifer Meyers Askey, RN, Geary County, on her recent marriage
 Lisa Wineinger Moritz, RN, Greeley County, on her recent marriage
 Anita Hooper, Clerk, Marion County, on her retirement
 Patricia Dowlin, RN, Mitchell County, on her retirement
 Cara Williams Glenn, RD, Sedgwick County, on her recent marriage
 Delora Jean Kosmatka, RN, Sherman County, on her retirement

We say goodbye to these WIC friends:

Butler County, Katy Hasting, RN
 Jackson County, Darla Haverkamp, Clerk
 Leavenworth County, Denise Curry, Clerk
 Nemaha County, Nicole Keim, RN
 Reno County, Nichole Clary, Clerk
 Reno County, Joni Considine, RN

Sedgwick County, Cara Glenn, RD
 Sheridan County, Lynetta Cressler, Clerk & BFPC
 Stafford County, Sara Rey, BFPC
 Stevens County, Vickie Mills, Clerk
 Trego County, Nicole Mattheyer, RN
 Wyandotte County, Alisa Funk, RD



Growing healthy Kansas families



Our Mission: To protect and improve the health and environment of all Kansans.

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